



RCE/1633

Atty. Dkt. No. 041673-2047

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, et al.
Title: METHODS FOR
MODULATION OF THE
EFFECTS OF AGING ON
THE PRIMATE BRAIN
Appl. No.: 09/730,790
Appl. Filing Date: 12/05/2000
Examiner: Shin Lin Chen
Art Unit: 1633

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| CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below. Michelle Simpson (Printed Name) <i>Michelle Simpson</i> (Signature) February 22, 2005 (Date of Deposit) |
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REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

02/25/2005 RFEKADU1 00000047 500872 09730790

01 FC:2801 395.00 DA

02/25/2005 RFEKADU1 00000047 500872 09730790

02 FC:2251 60.00 DA
023.266516.1

1. **Submission required** under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

- ☐ Please enter and consider the amendment/reply previously filed on ____.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.
- ☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ____.
- ☐ Other ____.

b. Enclosed are:

- ☒ Amendment/Reply.
- ☒ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ____ listed reference(s).
- ☐ Other .

Miscellaneous:

- ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Fee Totals |
|--|----------------------|------------------------|-------------------------|------------|-------------|
| RCE Fee 1.17(e): | | | | \$790.00 | = \$790.00 |
| Total Claims: | 30 | - 20 | = 10 | x \$50.00 | = \$500.00 |
| Independents | 2 | - 3 | = 0 | x \$200.00 | = \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + \$360.00 | = \$360.00 |
| CLAIMS FEE TOTAL: | | | | | = \$1650.00 |

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the
total number of months checked below:

| | | | |
|--|------------|---|-----------|
| <input checked="" type="checkbox"/> Extension for response filed within the first month: | \$120.00 | 1 | \$120.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$450.00 | | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month: | \$1,020.00 | | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,590.00 | | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$2,160.00 | | \$0.00 |
| EXTENSION FEE SUBTOTAL: | | | \$120.00 |
| EXTENSION FEE ALREADY PAID: - | | | \$0.00 |
| EXTENSION FEE TOTAL | | | \$120.00 |
| CLAIMS AND EXTENSION FEE TOTAL: | | | \$1770.00 |
| <input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): | | | \$885.00 |
| <input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c) | | | \$0.00 |
| TOTAL FEE: | | | \$885.00 |

☒ Please charge Deposit Account No. 50-0872 in the amount of \$885.00. A duplicate copy of this transmittal is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2-18-2005

By Stacy L. Taylor

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Stacy L. Taylor
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